SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS F'LED IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. €7 <u>υ9</u> 26 27 81) 3.‡ _3. Ŋ٠, \mathbb{N}^{Q} 4.2 9. 4 3 4-1 ٠., $\{e_i^*\}_i$ 4.5 çeş. 4.7 TOTAL TOTAL TOTAL DEP. TOTAL DEP TOTAL TOTAL

*MAY BE CKE S BOD OF